



MBA

MASTER OF BUSINESS ADMINISTRATION PROGRAM OFFICE OF ADMISSIONS AND ENROLLMENT

4 Sunset Way Bldg E
Henderson, NV 89014
Phone: 702.968.1678
mba@roseman.edu

(FOR NON-JOINT PROGRAM STUDENTS ONLY)

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE SUBMITTING

Any mistakes or omissions will result in a delay in processing your application or denial of admission.

APPLICATION PACKET CHECKLIST –

- Completed application** (*Applications that are illegible or completed in pencil will not be reviewed*); Please type information onto application.
- Non-refundable application fee of \$100 made payable to “Roseman University of Health Sciences”**
- Unofficial Transcripts**
 - It is recommended that unofficial transcripts are submitted with the application; however, official transcripts from all institutions attended must be received before a formal offer of admission can be issued.
- Official Transcripts from each University or College attended to be sent to the MBA program.**
 - Please contact all institutions attended to request official transcripts. The MBA program must receive official transcripts within one (1) month after an application has been submitted.
 - It is the student’s responsibility to provide the MBA program with updated transcripts as necessary to document the successful completion of additional coursework.
 - Official transcripts must indicate that a Bachelors degree has been awarded.
 - Official transcripts must be:
 - Sent directly from the institution attended - *Transcripts received from or mailed by the student will be considered unofficial,*
 - Dated within the last year, and
 - Received in its original sealed envelope
- References**
 - The letters of recommendation should be submitted in a sealed envelope with the application. The forms are included in this application.
 - Additional documentation, if applicable,** must be received upon submission of an application. Applications will not be reviewed until applicable documentation is received.

Graduate Admissions Test Scores

Graduate Admissions tests are optional if undergraduate GPA is 3.0 or greater. If not, a minimum score of 500 on the Graduate Management Admissions Test (GMAT) is required or an appropriate leveling course. If you have taken any graduate admissions tests, please submit a copy of your scores with your application.

Evaluation of Foreign Coursework

In order to have coursework from a non-U.S. college or university considered, you must submit transcript evaluations from either (WES) World Education Services or (JSA) Josef Silny and Associates with your application. Evaluations must be received in an official sealed envelope from the Evaluating Service.

World Education Services (WES),
Bowling Green Station
P. O. Box 5087
New York, NY 10274-5087
212-966-6311
www.wes.org

Josef Silny & Associates (JSA)
7101 SW 102 Avenue
Miami, FL 33173
305-273-1616
www.jsilny.com

Test of English as a Foreign Language (TOEFL)

Applicants submitting coursework from non-English speaking foreign schools must achieve a score of at least 550 on the paper based, 213 on the computer based and 79 on the internet based Test of English as a Foreign Language (TOEFL) and must submit documentation of these scores with their applications. Documentation must be an original. Please use the University of Southern Nevada TOEFL code 040653 when requesting this educational testing service. TOEFL scores must be mailed directly to the University of Southern Nevada.

**Please send or have all items sent to:
Roseman University of Health Sciences
MBA Program
Admissions and Enrollment Office
4 Sunset Way Bldg E
Henderson, NV 89014**

**ROSEMAN UNIVERSITY OF HEALTH SCIENCES
MASTER OF BUSINESS ADMINISTRATION APPLICATION**

PERSONAL / BIOGRAPHICAL INFORMATION

Name _____ Male Female
Last First Middle

Previous Name(s) if applicable: _____
 (Documentation of name change must accompany this application – i.e. court papers, marriage certificate)

Social Security Number _____ **Date of Birth (MM/DD/YYYY)** ____/____/____

Mailing Address _____
Street / PO Box Apt. #

City _____ **State** _____ **Zip** _____ **County** _____

Home Phone _____ **Cell Phone** _____

Email Address _____

Nevada Resident? Yes No **Utah Resident?** Yes No

Citizenship (If applicable, documentation must accompany this application)

U.S. Citizen
 Birth Naturalization – Certificate # (or U.S. Passport #): _____

Non-U.S. Citizen (You must have F-1 Visa Status and obtain a U.S. Social Security number to enroll at Roseman)

- Permanent Resident - A# _____ *Provide a copy of your permanent resident card (front and back).*
 International Student - *Provide a copy of an unexpired Student Visa*
 Other (Please specify) _____ *Provide a copy of an unexpired Passport which reflects a conditional entrance.*

Ethnicity (please check one, response is optional)

- African-American / Black, Non-Hispanic White, Non-Hispanic Native American, not Alaskan Native
 Alaskan Native Pacific Islander Mixed
 Hispanic (specify) - Mexican American/Chicano Puerto Rican Cuban Other Hispanic
 Asian (specify) - Chinese Filipino Indian Pakistani Japanese Korean Vietnamese Other Asian
 Other: _____

EMERGENCY CONTACT INFORMATION

Name _____ **Relationship** _____ **Phone #** _____

ACADEMIC INFORMATION

List below all schools attended or is currently attending, starting with the most recent. **Omitting a prior college or university from this list may result in denial of admission or if admitted, dismissal from the program.** Please have official transcripts sent directly to the MBA Admissions and Enrollment Office. Please attach additional sheets if necessary.

Have you been awarded an undergraduate degree? Yes No
 If yes, from what institution and in what field? _____

School Name	City, State	Dates Attended (From/To)	Major	Degree Received

**ROSEMAN UNIVERSITY OF HEALTH SCIENCES
MASTER OF BUSINESS ADMINISTRATION APPLICATION**

WORK/VOLUNTEER EXPERIENCE

List all work related experience starting with your most recent (Please attach additional sheets or a resume, if necessary)

Employer	City, State	Title/Position Held	# of years with Employer
Responsibilities			
Employer	City, State	Title/Position Held	# of years with Employer
Responsibilities			
Employer	City, State	Title/Position Held	# of years with Employer
Responsibilities			
Employer	City, State	Title/Position Held	# of years with Employer
Responsibilities			

REFERENCES

Please list at least two professional OR academic references. Please see attached Recommendation Form.

Full Name	Organization	Title	Phone	Email

NON-DISCRIMINATION POLICY

The Roseman University of Health Sciences, Master of Business Administration program does not discriminate on the basis of sex, physical or mental disability, race, color, national origin, sexual orientation, age, religious preference or disabled veteran or Vietnam Era status in admission and access to, or treatment in employment, educational programs or activities as required.

**ROSEMAN UNIVERSITY OF HEALTH SCIENCES
MASTER OF BUSINESS ADMINISTRATION APPLICATION**

BUSINESS RELATED EDUCATION

MBA Program Policy for Evaluation of Prior Education

Roseman University MBA Program does apply undergraduate business courses towards MBA course work. The MBA level course work completed at a regionally accredited university may be counted towards transfer credits if requested and approved in writing before matriculation. Transfer students may receive MBA credits as specified in the MBA Program's policy for prior academic work (see residency requirement and time limitation policies). Students will not be awarded any MBA credits for prior work experience.

Minimum residency requirement & Time limitation

The minimum course work that must be taken to fulfill Roseman MBA residency requirement is 8 courses/blocks (or 24 semester credits). Thus, a student may earn credits (or course waivers) for graduate (MBA) courses completed elsewhere but must at a minimum complete 8 courses/blocks at Roseman University of Health Sciences to be awarded the Roseman MBA.

All requirements for the Roseman MBA program must be complete within 7 years from the day of matriculation and all course work transferred from other regionally accredited institutions must have been completed within 7 years of Roseman matriculation. Graduate Courses accepted for transfer must be: 1) Graduate courses approved by the Roseman MBA program; 2) Not used previously to meet a graduate degree requirement; 3) Reviewed and certified by the curriculum committee for its equivalency value; 4) Not taken after matriculation at Roseman (without prior documented approval).

- **Have you completed any MBA-level business courses?** Yes _____ No _____

*List below all of the MBA level business courses (graduate) that you have successfully completed within the last 7 years from a regionally accredited university or college.

Course Number and Title	Semester Credits	Year Taken	Course Grade	University/College Attended

Use additional sheets if necessary.

***Note, all requests for transfers must be requested and approved before matriculation. Any request thereafter will not be considered.**

**ROSEMAN UNIVERSITY OF HEALTH SCIENCES
MASTER OF BUSINESS ADMINISTRATION APPLICATION**

ESSAY

In the box below, please provide a short original essay (200 words or less) in which you express your career interests and motivations for pursuing an MBA. *(You may attach additional sheets if necessary)*

CERTIFICATION

This certification must be signed and dated by the applicant to proceed with the application process.

I certify that the information on this application is complete and correct and understand that the submission of false information or omission of information is grounds for rejection of my application, withdrawal for any offer of acceptance, cancellation of enrollment, or appropriate disciplinary actions.

I hereby consent to and authorize Roseman University of Health Sciences to contact the educational institutions, employers, and any other recommenders to verify the accuracy of information contained on my application and accompanying materials. I agree to notify the proper officials of Roseman University of Health Sciences of any changes in the information provided on this application. I am submitting this application along with the \$100 non-refundable application fee (made payable to Roseman University of Health Sciences).

Applicant's Signature _____ Date _____



MBA

Recommendation Form

OFFICE OF ADMISSIONS AND ENROLLMENT

4 Sunset Way Bldg E

Henderson, NV 89014

Phone: 702.968.1678

Full Legal Name: _____
Last First Middle

Pursuant to the Family Educational Rights and Privacy Act of 1974 (FERPA), you have the right to review your recommendations for admission. Please indicate whether you wish to waive this right by checking the appropriate box below. Your choice will in no way affect Roseman's decision on your admission.

I waive my right of access to this recommendation I do not waive my right of access to this recommendation

Signature of Applicant: _____ Date: _____

To Recommender: The above person is applying for admission to the MBA Program at Roseman University of Health Sciences. Please complete the form below to the best of your knowledge. Also, please provide all written recommendations on official letterhead.

Name of Recommender: _____ Phone: _____

How long have you known the applicant? _____ In what capacity? _____

If you are unable to assess a minimum of eight of the professional/personal traits listed below either provide a letter of recommendation on official letterhead with contact information provided or please inform the applicant that he or she may need to find an alternative recommender.

	Excellent	Good	Average	Fair	Poor	Undetermined
a) Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your overall assessment of the applicant's aptitude for graduate study?
 Strongly Recommend Recommend with Reservations Recommend Do not Recommend

Please indicate your assessment of the applicant's potential for success.
 Well above average Average Well below average Above average Below average

Additional Comments (Please provide additional comments that may be helpful to the Admissions Committee. You may provide comments below or an official letterhead if you prefer.)

Signature of Recommender _____ Date _____



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Henderson, NV 89014

Phone: 702.968.1678

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j) Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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What is your overall assessment of the applicant's aptitude for graduate study?
 Strongly Recommend Recommend with Reservations Recommend Do not Recommend

Please indicate your assessment of the applicant's potential for success.
 Well above average Average Well below average Above average Below average

Additional Comments (Please provide additional comments that may be helpful to the Admissions Committee. You may provide comments below or an official letterhead if you prefer.)

Signature of Recommender _____ Date _____